



NATIONAL POPULATION LEADERS' CONFERENCE

KICC, NAIROBI - KENYA
15-17 November 2010

CONFERENCE PROGRAMME AND ABSTRACTS

Conference Theme

Managing Population to Achieve Vision 2030
Healthier Families for a Prosperous Kenya



WELCOME!

In the coming few days, from 15th to 17th November 2010, about 1,000 participants from within and outside Kenya will converge for a National Leaders' Conference on Population and Development at the Kenyatta International Conference Centre. During the Conference, participants will review the implementation of the Population Policy in Kenya since the last such Conference in 1989 and collectively identify and propose ways of addressing continuing and emerging population and development challenges. Participants will also come up with roles of leaders in the implementation of population and development programmes at all levels in the country. The National Coordinating Agency for Population and Development (NCAPD) and other co-organizers, development partners and Kenyans are excited and look forward to your contributions during and after this Conference.

We are grateful to the Government of Kenya for the support given to the Conference and the Nairobi residents for their hospitality. We would like to thank the many distinguished guests and delegates, especially those from outside Kenya, for their time and effort to participate at this Conference. Among us will be policy makers, parliamentarians, programme directors, researchers, academicians, journalists, health professionals, lawyers, leaders of faith-based organizations, and representatives of the private sector, international donors from Kenya and around the world. The National Steering Committee for this Conference has developed a stimulating programme on how proper management of population can lead to attainment of all three pillars of Vision 2030.

The three days of the Conference will have a number of plenary and break away sessions for presentations on the various sub-themes from the pillars of Vision 2030. A parallel donors' meeting will take place on the 16th of November 2010 to solicit for and coordinate support for population and development programmes in Kenya. On the 17th of November 2010, the programme will focus on sharing and building consensus on action points and recommendations identified during the break away sessions.

There will be a formal communiqué of the Conference Resolutions on the last day of the Conference to remind participants of their commitments to supporting issues of population and development at all levels across the country. It is our belief that, just like after the last Conference in 1989, leaders will be converted to be champions of population and development programmes and activities, including family planning programmes.

Once again, we would like to thank all you in advance for your active contributions during the Conference.

Karibu!

National Population Leaders' Conference
KICC Nairobi, Kenya
November 15 – 17, 2010

Conference Theme: Managing Population to Achieve Vision 2030

Healthier Families for a Prosperous Kenya

Preamble

Despite achievements in the area of population and development, there still exist continuing and emerging challenges that need to be addressed for the country to achieve its national goals as articulated in Kenya Vision 2030 and the Millennium Development Goals. These challenges include: decline in resources over the last decade for the population, reproductive health (RH) and family planning (FP) programmes; regional and rural-urban disparities in fertility and mortality and FP use; needs of a youthful population that constitutes half of the population and catering for the increasing proportion of the elderly; high proportion of the population in need of FP; availability of FP services; and high unmet need for adolescent fertility due to socio-economic and cultural factors. The active involvement of national and local leaders in population and development issues cannot be underscored in furthering the population agenda. This Conference provides an opportunity for addressing critical population issues including repositioning family planning which have a bearing on the quality of life of Kenyans and shaping clear, succinct and understandable messages about these issues for the population of Kenya at large.

The **objectives** of the conference are to:

1. Review the implementation of the Population Policy in Kenya since the last population conference in 1989;
2. Collectively identify and propose ways of addressing population challenges;
3. Identify leaders' roles in the implementation of population and development programmes at all levels, communicating exactly what advocacy actions are expected of Conference participants upon return to their workplace and home;
4. Inform and shape the development of a national population plan of action, and
5. Make recommendations for the next decade, including repositioning family planning.

The following **outputs** are expected from the conference:

1. Enhanced high level advocacy for population and development programmes;
2. Documentation of the efforts made in terms of achievements, lessons learned applicable to the future, and challenges; and
3. Draft Plan of Action for the next decade including modalities for resource mobilization.

Conference structure

There will be an opening ceremony with a key note address to set the vision, tone and pace of the Conference. For each pillar within Vision 2030, a key presentation will be made at plenary to set the pace for the subsequent presentations. Additional presentations based on lead papers will be made in parallel sessions, each guided by a sub-theme extracted from the pillars of Kenya Vision 2030. At each session, action points and recommendations on how to mainstream population issues, including family planning, into the sub-theme will be discussed. Plenary sessions will be held to obtain feedback on the proposed action plans and recommendations in order to agree on the way forward.

PROGRAMME AT A GLANCE

DAY 1: Monday, 15/11/2010				
Objectives: <ul style="list-style-type: none"> • Provide information on population and development issues • Obtain action points and recommendations 				
8.00am – 8.30am	Arrival and Registration (Guests to be seated by 8.30AM)			
8.30am – 10.30am	<ul style="list-style-type: none"> • Entertainment • Setting the Stage: FP Documentary :Kenya Leading the Way 			
10.30am – 11.00am TEA/COFFEE BREAK				
11.00am - 12.45am	Opening Ceremony <ul style="list-style-type: none"> • Remarks from Development Partners • Remarks from Minister for Planning • Speech from the Chief Guest <p>Location: KICC Main Plenary</p> <p>Chair: PS, Ministry for Planning, National Development and Vision 2030, Dr. Edward Sambili Co – Chair: PS, Ministry of Public Health and Sanitation, -Mark Bor &/or Mary Ngare</p>			
1:00pm – 2:00pm LUNCH BREAK				
Theme: Social & Political Pillars				
2.00 pm – 3.30pm	Sub-theme 1: Health <ul style="list-style-type: none"> ▪ Chair: Mary Ngare, PS Ministry of Medical Services ▪ Co Chair: Prof J. Meme &/or Moses Ogola, Ministry of Planning <p><u>Location: KICC TSAVO A</u></p> <p>Presentations :</p> <ul style="list-style-type: none"> • Lead Paper • Related presentations from academic institutions, civil society, development partners and others. 	Sub-theme 2: Education & Training <ul style="list-style-type: none"> ▪ Chair: Prof. James Ole Kiyapi, PS, Ministry of Education ▪ Co Chair: Prof Everest Standa &/or Isaac Kamande <p><u>Location: KICC TSAVO B</u></p> <p><i>Lead paper presentation Panel Discussions</i></p>	Sub-theme 3: Environment (Climate Change), Water & Sanitation <ul style="list-style-type: none"> ▪ Chair: Mr. Ali Daud Mohamed, PS, Ministry of Environment & Mineral Resources ▪ Co Chair: Dr. Ayub Macharia, Ag. Director General NEMA &/or John Owuor, Ministry of Planning <p><u>Location: KICC TSAVO C</u></p> <p>Presentations:</p> <ul style="list-style-type: none"> • Lead Paper • Related presentations from academic institutions, civil society, development partners and others 	Sub-theme 4: Population, Urbanization & Housing <ul style="list-style-type: none"> ▪ Chair: Mr. Tirop Kosgei, PS Ministry of Housing ▪ Co Chair: Dr. Alex Ezeh, Executive Director APHRC & /or James Kirigwi <p><u>Location: KICC SHIMBA HALL</u></p> <p><i>Lead paper presentation Panel Discussions</i></p>

DAY 1: Monday, 15/11/2010					
Objectives: <ul style="list-style-type: none"> • Provide information on population and development issues • Obtain action points and recommendations 					
3:30pm – 3:45pm TEA/COFFEE BREAK					
3:45pm - 5:15pm	<p>Sub-theme 5: Gender, Youth & Vulnerable Groups</p> <ul style="list-style-type: none"> • Chair: Mr. James Waweru- PS, Ministry of Youth Affairs • Co Chair: Dr. Regina Mwatha (Gender Commission) &/or Mr. T Gakuu, Ministry of Youth Affairs & Sports <p><u>Location: KICC TSAVO A</u></p> <p>Presentations:-</p> <ul style="list-style-type: none"> • Lead Paper • Related presentations from academic institutions, civil society, development partners and others 	<p>Sub-theme 6: Repositioning Family Planning</p> <ul style="list-style-type: none"> • Chair: Mr. Mark Bor - PS, Ministry of Public Health & Sanitation • Co Chair: Prof. J.Mati, Consultant & /or Francis Munene <p><u>Location: KICC TSAVO B</u></p> <p>Presentations:-</p> <ul style="list-style-type: none"> • Lead Paper • Related presentations from academic institutions, civil society, development partners and others 	<p>Sub-theme 7: Financing Population & RH Programmes</p> <ul style="list-style-type: none"> • Chair: Mr. Stephen. Wainaina, EPS • Co Chair: Dr. C.Otieno-GTZ & /or Gideon Mailu, Ministry of Planning <p><u>Location: KICC TSAVO C</u></p> <p>Presentations:-</p> <ul style="list-style-type: none"> • Lead Paper • Related presentations from academic institutions, civil society, development partners and others 	<p>Sub-theme 8: Equity & Poverty Reduction</p> <ul style="list-style-type: none"> • Chair: Dr. James Mwangi, CEO Equity Bank • Co Chair: Dr. Mugo Kebati, Director, Vision 2030 &/or Leonard Obidha, Secretary, Poverty Eradication Commission <p><u>Location: KICC CAUCUS 1</u></p> <p>Lead paper presentation Panel Discussions</p>	<p>Sub-theme 9: Political Support & Governance</p> <ul style="list-style-type: none"> • Chair: Hon. Dr.R. Monda • Co Chair: Hon. Amina Abdala, Equal Opportunities Committee &/or Prof.Winnie Mitula-UoN &/or Samson Machuka, Ministry of Planning <p><u>Location: KICC SHIMBA HALL</u></p> <p>Lead paper presentation Panel Discussions</p>
6.30pm – 8.00pm WELCOME COCKTAIL PARTY AT KICC					

DAY 2: Tuesday ,16/11/2010					
Objectives: <ul style="list-style-type: none"> • Provide information on population and development issues • Obtain actions points and recommendations • Share and build consensus on action points and recommendations identified 					
8.00am – 8.30am	Arrival/ Entertainment				
8.30am – 10.00am	Plenary Session : Theme: Foundations for National Transformation Presentations on: RAPID Module Economic Pillar: Economic Growth and Social Transformation overview Presenter: Ben Kimani, Ministry of Planning Chair: Mutua Kilaka, Financial Secretary, Ministry of Finance Co Chair: Prof G. Mwabu, School of Economics – University of Nairobi) &/or Dr. Geoffrey Mwau &/or Mr. Stephen Wainaina, EPS <u>Location: KICC Tsavo Hall</u>				
10.00am – 10.30am TEA/COFFEE BREAK					
10.30am – 12.00pm	Sub theme 10: Agriculture, Livestock and Fishing <ul style="list-style-type: none"> • Chair: Dr. Romano Kiome, PS, Ministry of Agriculture • Co Chair: Dr. Ephraim Mukisira, Dir. KARI &/or Joseph Mukui, Ministry of Planning <u>Location: KICC TSAVO A</u> Lead paper presentation Panel Discussions	Sub theme 11: Tourism, Trade, Business and Manufacturing <ul style="list-style-type: none"> • Chair: Eng.Abdulrazaq Adan Ali PS, Ministry of Trade • Co Chair: Vimal Shah, CEO , BIDCO &/or Ms. Sabina Maghang, Ministry of Planning <u>Location: KICC TSAVO B</u> Lead paper presentation Panel Discussions	Sub theme 12: Science, Technology, Innovations and ICT <ul style="list-style-type: none"> • Chair: Dr. Bitange Ndemo PS, Ministry of Information and Communication • Co Chair: Eng. Charles Njoroge, Director General,-CCK &/or Catherine Muoki, Ministry of Planning <u>Location: KICC SHIMBA HALL</u> Lead paper presentation Panel Discussions	Sub theme 13: Land Reforms <ul style="list-style-type: none"> • Chair: Ms. Dorothy N. Angote, PS Ministry of Lands • Co Chair: Lumumba Odenda-Kenya Land Alliance &/or Benson K. Kinyanjui, Ministry of Planning <u>Location: KICC CAUCUS1</u> Lead Paper Presentation Panel Discussions	Sub theme 14: Human Resource Development, Labour and Employment <ul style="list-style-type: none"> • Chair: Mrs. Beatrice Naliaka Wasike, PS Ministry of Labour • Co Chair: Jacqueline Mugo-FKE CEO &/or Dr. Moses Ikiara -KIPPRA <u>Location: KICC TSAVO C</u> Lead paper presentation Panel Discussions

	<p>DAY 2: Tuesday ,16/11/2010 <i>Objectives:</i></p> <ul style="list-style-type: none"> • <i>Provide information on population and development issues</i> • <i>Obtain actions points and recommendations</i> • <i>Share and build consensus on action points and recommendations identified</i>
12:00pm - 1.00pm	<p>Plenary Recommendations and action points from sessions on the following sub themes</p> <ol style="list-style-type: none"> 1. Health 2. Education and Training 3. Environment (Climate Change), Water and Sanitation <p><u>Location:</u> KICC TSAVO HALL</p> <p><i>Chair: Dr. Boaz Nyunya, Moi University</i> <i>Co Chair: Prof. Khama Rogo, World Bank</i></p>
1.00pm – 2.00pm	<p>LUNCH BREAK (ENTERTAINMENT)</p>
2.00pm - 4.00pm	<p>Plenary Recommendations and action points from sessions on the following sub themes</p> <ol style="list-style-type: none"> 4. Population, Urbanization and Housing 5. Gender, Youth and Vulnerable Groups 6. Repositioning Family Planning 7. Financing Population and Reproductive Health Programmes 8. Equity and Poverty Reduction <p><u>Location:</u> KICC TSAVO HALL</p> <p><i>Chair: Mr. Godwin Mzenge</i> <i>Co-Chair : Dr. Ndugga Maggwa</i></p>
4.00pm– 4.15pm	<p>TEA/COFFEE BREAK</p>
4.15pm – 5.15pm	<p>Plenary Recommendations and action points from session on the following sub themes</p> <ol style="list-style-type: none"> 9. Political support and governance 10. Agriculture, Livestock and Fishing 11. Tourism, Trade, Business and Manufacturing, <p><u>Location:</u> KICC TSAVO HALL</p> <p><i>Chair: Mr. Adan Wachu, Secretary General, SUPKEM</i> <i>Co-Chair: Ms Betty Maina, Executive Director-Kenya Association of Manufacturers (KAM)</i></p>

	<p>DAY 3: Wednesday 17/11/2010</p> <p><i>Objective:</i></p> <ul style="list-style-type: none"> • <i>Share and build consensus on action points and recommendations identified</i>
8.00am – 8.30am	Arrival & Entertainment
8.30am – 9.30am	<p>Recommendations and action points from session on the following sub themes</p> <ul style="list-style-type: none"> 12. Science, Innovations and ICT 13. Land Reforms 14. Human Resource Development, Labour and Employment <p><u>Location:</u> KICC TSAVO A</p> <p><i>Chair: Prof. George I. Godia, Education Secretary, Ministry of Education</i> <i>Co-Chair: Prof. Okello Odongo, School of Computing and Informatics, University of Nairobi &/or Grace Maingi-FIDA</i></p>
9.30am – 10.30am	<p>Conference resolutions Way forward</p> <p><u>Location:</u> KICC TSAVO HALL</p> <p><i>Chair: Prof. S. K. Sinei, Chairman NCPD</i> <i>Co-Chair: Mr. A. K. M. Kilele, Director General, KNBS</i></p>
10.30am – 10.45am	TEA/COFFEE BREAK
10.45am - 12.15pm	<p>Conference Closing Ceremony (Entertainment before closing remarks)</p> <p><u>Location:</u> KICC TSAVO HALL</p> <p><i>Chair: Dr. Edward Sambili, PS, Ministry of State for Planning, National Development & Vision 2030</i> <i>Chair: Peter Ondieki, Inspector General, Inspectorate of State Corporation</i></p>
12:15pm - 1:00pm	LOGISTICS
1:00pm - 2:00pm	LUNCH & DEPARTURE

OPENING CEREMONY

Monday, 15 November, 2010, KICC Main Hall (Tsavo)

Chair: Dr. Edward Sambili, PS, Ministry of Planning

Time Program Event

8.00am – 8.30am: Arrival and Registration (Guests to be seated by 8.30am)

(A detailed Programme will be provided at the conference)

CLOSING CEREMONY

Wednesday, 17 November 2010, 9.30am – 1.00pm

Chair: Dr. Edward Sambili (PS, Planning),

Co-Chair: Mr. Peter Ondieki (SCACS),

Time	Program Event
9.30 – 10.30am:	Conference resolutions and Way forward
11.00am – 1.00pm:	Remarks

(A detailed Programme will be provided at the conference)

PROGRAM SUMMARY

MONDAY, 15TH NOVEMBER 2010

OFFICIAL OPENING

Time: 11.00am – 1.00pm

Chair: Dr. Edward Sambili, PS Ministry of Planning Location: Tsavo Hall
Co Chair: PS, Mark Bor/Mary Ngare

SUB THEME 1: HEALTH

Time: 2.00pm – 3.30pm

Chair: Dr. Romano M. Kiome, C.B.S.PS, Ministry of Agriculture
Co Chair: Dr Ephraim Mukisira, Director, KARI/Joseph N. Mukui Location: Tsavo A

Position Paper Presentation Health and Population Dynamics in Kenya

Presentation A

Expanding Contraceptive Choices for Adolescents and Young Adults towards Achievement of Kenya's Vision 2030

Gathari Ndirangu, Shiphrah Kuria and Aisha Mohamed
Division of Reproductive Health

Presentation B

How Can You Address the Sexual and Reproductive Health Needs of Clients if You Cannot Say the Word "Sex"? Results from a Providers' Assessment in Kenya

Caroline Mackenzie¹, Marsden Solomon¹, Margaret Meme², Dorcas Kameta,³ and Peter
Mwarogo¹

¹FHI, Kenya, ²Division of Reproductive Health, Kenya, ³National AIDS and STDs Control
Program, Kenya

Presentation C

Offering Religiously Acceptable Natural Family Planning Methods: The Case of the Standards Days Method in North Eastern Province, Kenya.

Caroline Mackenzie¹, Marsden Solomon¹, Trinity Zan², Susan Igras³, Abdullahi Mahat Daud⁴,
Fatuma Iman⁵ and David Adriance⁴

¹FHI, Kenya, ²FHI, USA, ³Institute of Reproductive Health, USA, ⁴APHIA II North Eastern
Province, Kenya, ⁵Ministry of Public Health and Sanitation, Kenya

SUB THEME 2: EDUCATION AND TRAINING

Time: 2.00pm – 3.30pm

Chair: Prof. James Ole Kiyapi – PS, Ministry of Education

Co Chair: Prof Everest Standa &/or Isaac Kamande

Location: Tsavo B

Position Paper Presentation

Effect of Education and Training on Population Dynamics

Evelyn Anupi, Charles Obiero

Presentation A

Presentation B

Presentation C

SUB THEME 3:

Time: 2.00pm – 3.30pm

SUB THEME 3: ENVIRONMENT, (CLIMATE CHANGE), WATER AND SANITATION

Time: 2.00pm – 3.30pm

Chair: Mr. Ali Daud Mohamed, PS, Ministry of Environment & Mineral Resources

Co Chair: Dr Ayub Macharia, Director NEMA &/or John Owuor

Location: Tsavo C

Position Paper Presentation

Presentation A

Population, Health and Environment: Partnering with the Green Belt Movement to Offer Family Planning Information to Target Audiences

Caroline Mackenzie, Theresa Hoke, Gwyneth Vance, Agatha Mbulo and Edward Wageni

FHI, Kenya and Green Belt Movement, Kenya

Presentation B

Driving the Integration of Population Health And Environment Towards Attaining Vision 2030

Florence Fwamba, Coast Development Authority

Presentation C

Population Dynamics and Wildlife Conservation And Tourism Development In The ASAL Regions Of Kenya

Francis Mwaura, Department of Geography & Environmental Studies, University of Nairobi

SUB THEME 4: POPULATION, URBANIZATION AND HOUSING

Time: 2.00pm – 3.30pm

Chair: Mr. Tirop Kosgey, C.B.S., PS, Ministry of Housing

Co Chair: Dr. Alex Ezeh, Director APHRC &/or James Kirigwi

Location: Shimba

Hall

Position Paper Presentation

Population Dynamics, Urbanization and housing in Kenya

Prof. Oucho, University of Nairobi

Panel Discussions

SUB THEME 5: GENDER, YOUTH AND VULNERABLE GROUPS

Time: 4.00pm – 5.30pm

Chair: Mr. James Muiro Waweru- PS, Ministry of Youth Affairs
Co Chair: Dr. Regina G. Mwatha (Gender Commission) &/or Mr. Timothy Gakuu,
Ministry of Youth Affairs

Location: Tsavo A

Position Paper Presentation

Presentation A

Lessons Learnt in Implementing and Sustaining an Adolescent Reproductive Health and HIV Prevention Program in the Public Sector

Humphrey Evelia, Harriet Birungi, & Monica Wanjiru - Population Council

Presentation B

In and out of school youth: Are their needs similar?

Ochieng Beatrice, Liku Jennifer, Solomon Marsden, Wainaina Michael Mike Mutungi and Pascal Wambua

FHI Kenya; Kenyatta University; I Choose Life

Presentation C

SUB THEME 6: REPOSITIONING FAMILY PLANNING

Chair: Mr. Mark Bor, PS, Ministry of Public Health & Sanitation

Co Chair: Prof. J. Mati &/or Francis Munene

Location: Tsavo B

Position Paper Presentation

Revitalizing Family Planning

Shiphrah Kuria, Division of Reproductive Health

Presentation A

Integrating family planning and HIV services to meet Vision 2030 goals

Erika Martin, Jennifer Liku, Rose Masaba, and Marsden Solomon

FHI

Presentation B

Transitions in fertility preferences in Kenya and their implications for family planning

Ian Askew and Harriet Birungi

Population Council

Presentation C

Expanding Access to FP through Community Mobilization for PAC

Mercy Wahome, Chi-Chi Undie, Lynn Van Lith.

The RESPOND Project, Engenderhealth

SUB THEME 7: FINANCING POPULATION AND RH PROGRAMMES

Time: 4.00pm – 5.30pm

Chair: Mr. Stephen Wainaina, EPS
Co Chair: Dr. C. Otieno-GTZ &/or Gideon Mailu Location: Tsavo C
Position Paper Presentation

Presentation A

Using data for decision making for more secure access to contraceptive commodities in the public health sector

Peter Nguhiu, Management Sciences for Health/ Strengthening Pharmaceutical Systems (MSH/SPS) Program

Presentation B

Health Financing: The Case of Mapping RH/FP Funding in Kenya

Peter Munene/ Matthias Brucker/Peter Nderitu/ Caroline Kwamboka/ Caroline Teti
German Foundation for World Population [DSW Kenya]

Presentation C

Strengthening Supply Chain Systems to Increase Access to Contraceptives in Kenya

J. Mwangi, Management Sciences for Health

SUB THEME 8: EQUITY AND POVERTY REDUCTION

Time: 4.00pm – 5.30pm

Chair: Dr. James Mwangi, CEO, Equity Bank Location: Caucus
Co Chair: Dr. Mugo Kebati, CEO, Vision 2030 &/or Leonard Obidha, Secretary, PEC

Position Paper Presentation

Equity and Poverty Eradication

Godfrey K. Ndeng'e

Panel Discussion

SUB THEME 9: POLITICAL SUPPORT AND GOVERNANCE

Time: 4.00pm – 5.30pm

Chair: Hon. Dr. Monda Location: Shimba Hall
Co Chair: Hon: Amina Abdala, Equal Opportunities Committee &/or Prof.Winnie Mitula-UoN
&/or Samson Machuka

Position Paper Presentation

Panel Discussions



TUESDAY, 16TH NOVEMBER 2010

PLENARY

Time: 8.30am – 11.00am

Chair; Mutua Kilaka (Financial Secretary)

Co Chair: Prof G. Mwabu, School of Economics – University of Nairobi)/Dr. Geoffrey Mwau-ES/Mr. Stephen Wainaina

Presentations:

RAPID Model

**Economic Pillar: Economic Growth and Social Transformation overview
Foundations for National Transformation**

Location: Tsavo Hall

SUB THEME 10: AGRICULTURE, LIVESTOCK AND FISHING

Time: 10.30am – 12.00noon

Chair: Dr. Romano Kiome PS, Ministry of Agriculture

Co Chair: Dr Ephraim Mukisira, Director, KARI &/or Joseph N. Mukui Location:
KICC Tsavo

Position Paper Presentation

Population and Food Supply Chain Constraint in Kenya

Panel Discussions

SUB THEME 11: TOURISM, TRADE, BUSINESS AND MANUFACTURING

Time: 10.30am – 12.00noon

Chair: Eng. Abdulrazaq Adan Ali, CBS PS, Ministry of Trade

Co Chair: Vimal Shah, CEO, BIDCO &/or Ms. Sabina Maghanga Location: Tsavo B

Position Paper Presentation

Kenya's Population Dynamics: Implications for Manufacturing Sector

John Omiti

Panel Discussions

SUB THEME 12: SCIENCE, TECHNOLOGY, INNOVATIONS AND ICT

Time: 10.30am – 12.00noon

Chair: Bitange Ndemo, PS, Ministry of Information and Communication

Co Chair: Eng. Charles J.K. Njoroge, Director General, CCK &/or Catherine Muoki

Location: Shimba

Position Paper Presentation 1

Science Technology & Innovation & Population Dynamics

Shaukat Abdulrazak

Position Paper Presentation 2

Infrastructure and Population Dynamics in Kenya: Challenges and Opportunities to Achieving Vision 2030

Eric Aligula; Programmes Coordinator and Ag. Head, Infrastructure and Economic Services Division Kenya Institute for Public Policy Research and Analysis (KIPPRA)

SUB THEME 13: LAND REFORMS

Chair: Ms. Dorothy N. Angote, C.B.S. PS, Ministry of Lands

Co Chair: Lumumba Odenda - Kenya Land Alliance &/or Benson K. Kinyanjui

Location: Caucus 1

Position Paper Presentation

Land Reforms

Nicholas Wambua Kitua, Deputy Chief Economist

Ag. Head Central Planning, Projects, Monitoring and Evaluation Unit Ministry of Lands

Panel Discussions

SUB THEME 14: HUMAN RESOURCE DEVELOPMENT, LABOUR AND EMPLOYMENT

Time: 10.30am – 12.00noon

Chair: Mrs. Beatrice Naliaka Wasike PS, Ministry of Labour

Co Chair: Jacqueline Mugo – FKE, CEO &/or Dr. Moses Ikiara –KIPPRA Location: Tsavo C

Position Paper Presentation

Human Resource Development, Labour and Employment and Population Dynamics

Maru, James K: Assistant Director, Directorate of National Human Resource Planning and Development, Ministry of Labour

Panel Discussions

PLENARY

Time: 12.00noon – 1.00pm

Recommendations and Actions Points from Sub themes:

1. Health
2. Education and Training
3. Environment (Climate Change), Water and Sanitation

Chair: Dr. Boaz Nyunya

Co Chair: Prof. Khama Rogo

Location: Tsavo A

PLENARY

Time: 2.00 pm – 4.00pm

Recommendations and action points from sessions on the following sub themes:

4. Population, Urbanization and Housing
5. Gender, Youth and Vulnerable Groups
6. Repositioning Family Planning
7. Financing Population and Reproductive Health Programmes
8. Equity and Poverty Reduction

Chair: Mr. Godwin Mzenge

Co-Chair: Dr. Ndugga Maggwa

Location: Tsavo B

PLENARY

Time: 4.30 pm–5.30pm

Recommendations and action points from sessions on the following sub themes

9. Political support and governance
10. Agriculture, Livestock and Fishing
11. Tourism, Trade, Business and Manufacturing,

Chair: Mr. Adan Wachu, General Secretary, SUPKEM

Co-Chair: Ms Betty Maina, Executive Director – KAM

Location: Tsavo Hall

WEDNESDAY, 17TH NOVEMBER 2010

PLENARY

Time: 8.30am – 9.30am

Recommendations and action points from sessions on the following sub themes

12. Science, Innovations and ICT
13. Land Reforms
14. Human Resource Development, Labour and Employment

Chair: Prof. George I. Godia, Education Secretary, Ministry of Education

Co-Chair: Prof. Okello Odongo, School of Computing and Informatics, University of Nairobi

Location: Tsavo Hall

PROGRAM ABSTRACTS
MONDAY, 15TH NOVEMBER, 2010

SUB THEME 1: HEALTH

Time: 2.00pm – 3.30pm

Position Paper

Presentation A

Expanding Contraceptive Choices for Adolescents and Young Adults towards Achievement of Kenya's Vision 2030

Gathari Ndirangu, Shiphrah Kuria and Aisha Mohamed
Division of Reproductive Health

Globally 15 million women aged 15-19 years give birth each year. Of these, 13 million live in less developed countries [Advocates for Youth, 2003]. Teenage pregnancy is commonest in sub-Saharan Africa, Latin America and the Caribbean and is more likely in those living in rural areas, are less educated and unexposed to the media [USAID, 2008].

Pregnant adolescents are at great risk of dying from complications related to pregnancy or childbirth. Those younger than 15 years are 25 times more likely to die compared to pregnant women in their mid twenties, while those aged 15-19 have twice the risk [Advocates for Youth, 2003]. Infant mortality is highest in countries where teenage pregnancy is high. Babies born to mothers younger than 20 years are more likely to die than those born to mothers aged 20-29 years. Causes of mortality include prematurity, low birth weight and stillbirth.

Despite forming a major component of sexual and reproductive ill-health, adolescents and young adults have historically been ignored in terms of sexual and reproductive health interventions. Risk factors for poor health outcomes in adolescents revolve around early sexual initiation, substance abuse, depression, lack of contraception. Their health and well-being is firmly intertwined with their social, cultural and economic environment.

Though MDGs (specifically MDG 5) have assisted in galvanizing attention and action for improved maternal and newborn health for all women, there has been no specific reference to adolescent and young women during pregnancy, delivery and postpartum period.

Adolescents are reaching puberty earlier and marrying later so that the period of sexual maturity before marriage is becoming longer [Advocates for Youth, 2003]. This has resulted in a longer period in which adolescents are sexually active. Unfortunately, this early sexual experience is not accompanied by a proportionate acquisition of information and utilization of RH/FP services to make sex safer. According to the Kenya Demographic and Health Survey (KDHS) 2008-08, there has been a drop in the proportion of 15-19 year-olds who know any modern method of contraception over the decade preceding the survey from 96% in 1998 to 94% in 2008-08. KDHS 2008-09 reports that only 14% of sexually active girls aged 15-19 had ever used any contraceptive method, and only 13% had used any modern method of contraception. In comparison, 57% of sexually active women aged 20-24 years have ever used a method of contraception, with 52% having used a modern method. Of currently sexually active girls aged 15-19 years, only 6% were using a contraceptive method (5% modern method) compared to 27% in women aged 20-24 years (24% modern method). The unmet need for contraception among currently married 15-19 year old women was higher (30%) than the overall unmet need

for married women (26%). Similarly, the overall total met contraceptive need for married women was 64% while that of married women aged 15-19 years was much lower at 43%.

Even though access to RH information, education, services and support varies by group of adolescents, e.g. urban/rural, in-school/out-of-school, girls/boys [FIGO, 2009], general access to contraceptive messages is lower for adolescents compared to young adults. This gap is even wider for girls.

In the social pillar of V2030, health interventions provide key ingredients for improving the overall livelihoods of Kenyans [NESC, 2007]. RH/FP interventions for adolescents are critical in reducing maternal and infant morbidity and mortality. Appropriate contraceptive interventions to address adolescent pregnancy by helping them avoid pregnancies will include expanding availability of contraceptive information and services to this important group of people.

Evidence shows that the following factors are protective to adolescents and young adults and should be promoted;

- Education and schooling
- Involvement of families and communities
- Positive beliefs and values
- Societal openness about youth sexuality
- Integrated approaches to address multiple needs of adolescents
- Effective use of media
- Promoting positive attitudes of parents and teachers
- Encouraging youth leadership and building self-confidence

Adolescent and young adults constitute approximately 36% of Kenya's population. If well harnessed, this represents a significant driving force for Kenya's social and economic development that will make Kenya the newly industrializing middle income country providing high quality life for all its citizens by the year 2030 as envisioned in the Vision 2030 blue print.

Presentation B

How Can You Address the Sexual and Reproductive Health Needs of Clients if You Cannot Say the Word "Sex"? Results from a Providers' Assessment in Kenya

Caroline Mackenzie¹, Marsden Solomon¹, Margaret Meme², Dorcas Kameta, ³, and Peter Mwarogo¹

¹FHI, Kenya, ²Division of Reproductive Health, Kenya, ³National AIDS and STDs Control Program, Kenya

Introduction

In the last 25 years, the high incidence of HIV and AIDS, and unintended pregnancies has required that communities discuss sexuality more openly. In Kenya, family planning (FP) and HIV service providers are expected to naturally discuss their clients' sexuality without fear or embarrassment. However, this is not always the case. Health service providers have not been adequately prepared to offer their clients comprehensive sexuality counseling. In response, the Kenyan Ministries of Health (MOH) identified the need to improve the knowledge and skills of providers in offering sexuality counseling services. First, an assessment was carried out to determine the knowledge, attitudes and practice of FP and HIV service providers on sexuality,

and to document the barriers to offering of effective sexuality counseling to clients. This paper reports on the results of this assessment.

Methods

In June 2008, 10 focus group discussions and 17 in-depth interviews were conducted among selected HIV and FP service providers from three purposively selected provinces. These were sourced from selected public hospitals, health centres and dispensaries. Eighteen key informant interviews were conducted with policy makers, program managers, and trainers from selected institutions.

Results

Providers had little knowledge about sexuality, and lacked the technical skills to offer comprehensive sexuality counseling services to clients. The existing in-service training curricula paid little attention to the topic of sexuality. Providers were uncomfortable to discuss with clients sexual practices such as anal and oral sex, masturbation and transactional sex. Ten of 17 service providers would discourage same sex relationships. Twelve of 17 service providers did not know that anal sex is the most efficient mode of acquiring HIV. Four of 17 providers did not know any lower risk sexual practices that discordant couples could engage in. The main communication barriers identified were: differences in age and sex of the client versus provider, lack of time and privacy, and heavy client load.

Conclusion and Recommendations

There are knowledge, attitude, and skills gaps that hinder effective sexuality counseling with clients. Unless this is addressed, there will continue to be missed opportunities to prevent acquisition of sexually transmitted infections and unintended pregnancies. To increase uptake of both FP and HIV services, service providers need to be adequately trained so that they are comfortable and capable of offering comprehensive sexuality counseling services to their clients. In response to these findings, the MOH and partners have developed and pre-tested sexuality training materials for providers.

Presentation C

Offering Religiously Acceptable Natural Family Planning Methods: The Case of the Standards Days Method in North Eastern Province, Kenya.

Caroline Mackenzie¹, Marsden Solomon¹, Trinity Zan², Susan Igras³, Abdullahi Mahat Daud⁴, Fatuma Iman⁵ and David Adriance⁴

¹FHI, Kenya, ²FHI, USA, ³Institute of Reproductive Health, USA, ⁴APHIA II North Eastern Province, Kenya, ⁵Ministry of Public Health and Sanitation, Kenya

Background

Nationally, 16% of currently married women who do not intend to use contraception in the near future cite fear of side effects. Fifteen percent cite health concerns and 9% cite religious prohibition. Natural FP methods such as the Standard Days Method (SDM) offer a promising solution to non-use of FP methods due to such concerns. This paper reports on the results of a pilot introduction of the SDM in Ijara district of North Eastern Province (NEP). The objective was to introduce the SDM and document the contraceptive history of acceptors. NEP is predominantly Islamic, with a history of low contraceptive prevalence rates (CPR) and high total fertility rate (TFR). National CPR for all methods is 46% and TFR is 4.6, while in NEP, CPR is 4% and TFR is 5.9.

Methods

In December 2008, seven providers from seven health facilities were trained on SDM service provision and invited to complete a client card for acceptors of the SDM. This card documented the demographic data and FP history of clients accepting the SDM. Before the pilot, religious leaders from Ijara district were educated on the method and the concept of healthy timing and spacing of births. They in turn sensitized the community on the method. In April 2009, face-to-face interviews were conducted with service providers to gather their experiences and opinions towards providing the service.

Findings

From January to June 2009, data from 254 SDM acceptors from seven facilities were collected and analyzed. Most (92.6%) of the acceptors of the SDM had never used a FP method before. Of the 16 clients who had ever used a FP method before but desired to switch to the SDM, seven of them did so because the former method had undesirable side effects. The main reasons given for accepting to use the SDM were: does not affect health (42.3%), does not have side effects (37.8%) and religious reasons (32.5%). Providers said that the SDM was acceptable to most clients because it was a natural method that was religiously acceptable.

Conclusions

Training service providers to introduce the SDM into the available method mix in public health facilities in NEP resulted in increased uptake of FP and attracted many new FP users. Few women switched from more effective hormonal methods and those that did reported that they were not satisfied with their previous method. The SDM is highly acceptable to both clients and service providers.

SUB THEME 2: EDUCATION AND TRAINING

Time: 2.00pm – 3.30pm

Position Paper Presentation

Effect of Education and Training on Population Dynamics

Evelyn Anupi & Charles Obiero

Education and training is a fundamental human right that ensures a literate population which is a critical catalyst for sustainable development. Since independence the Government of Kenya recognized education and training as being strategic for development to address the population needs on poverty, disease and ignorance. Research shows that each extra year of education for mothers is associated with significant decline in infant mortality and improved child health (Stromquist 2005). According to Burchfield et al 2002, women who attended literacy and basic education programmes displayed gains in health related knowledge and behavior unlike women who had not participated in such programmes. Research has also shown that more literate parents are likely to raise literate children than those who are illiterate. Children with parents, especially mothers, who can read and write, tend to stay in school longer, and achieve more (Schultz 1991, Robinson Pant 2005). Quality education and training leads to improved self esteem, empowerment, creativity and critical reflections. The personal benefits are intrinsically valuable and are instrumental to other benefits such as improved health and increased political participation (UNESCO Global Monitoring Report 2006, pg. 16). Multi-Country studies show clear connections between education and training in a country with economic output and GDP per capita growth (Bashir and Darrat 1994, Cameron 2005). Kenya aims to create a globally competitive and adaptive human resource base to meet the requirements of Vision 2030. Therefore education and training will play a critical role in creating the much required human resource mass which will contribute to realization of the Vision 2030. The recent population

census (2009, KPHC) reveals a substantial increase in population now standing at 38 million. The aim of this paper is to review the population dynamics and clearly indicate the contribution of education and training to sustainable development. The paper is to demonstrate that the concerns of population dynamics are in fact concerns about human capital, and that only by adding the 'quality' dimension of education and training to the dynamics of size and age structure can the country realize Vision 2030 goal. Understanding the challenges and implications of the population dynamics will ensure that appropriate interventions in education and training are pursued, towards achievement of population needs for individuals, families and the nation at large.

Panel Discussions

SUB THEME 3: ENVIRONMENT, (CLIMATE CHANGE), WATER AND SANITATION

Time: 2.00pm – 3.30pm

Position Paper Presentation

Presentation A

Population, Health and Environment: Partnering with the Green Belt Movement to Offer Family Planning Information to Target Audiences

Caroline Mackenzie, Theresa Hoke, Gwyneth Vance, Agatha Mbulo and Edward Wageni
FHI, Kenya and Green Belt Movement, Kenya

Introduction

The close link between rapid increase in population and natural resource depletion requires integrated solutions that help people plan their families while managing their environment in a sustainable way. Such Population, Health and Environment (PHE) programs have been successfully implemented in Asia, helping to reverse environmental degradation and improve the health of women and their families. The Green Belt Movement (GBM) has mobilized rural communities across Kenya to conserve the environment. Through its network of more than 5,000 groups, the GBM has planted millions of trees across the country. The environmental gains achieved by the movement's tree-planting efforts can be greatly bolstered by educating women about family planning and the benefits of smaller families that exert less pressure on the environment. However, in creating and managing these linkages, some challenges may arise. FHI and GBM have partnered to implement a PHE project that aims at providing evidence on how to design and implement a PHE project, and the resources required. This paper gives a description of this new project.

Goal, Objectives, and Methods

The goal of the new project is to produce evidence for decision makers about possible approaches for implementing a PHE intervention within GBM. The specific objectives are (1) To devise a context-specific intervention to strengthen linkages between GBM networks and family planning services (2) To assess the feasibility and acceptability of implementing an environmental-FP intervention (3) To test the effect of introducing the intervention within the GBM networks, as measured by changes in knowledge, attitudes, and practices related to family planning, and (4) To measure the cost of the pilot intervention and to estimate scale-up costs (if successful). To achieve these objectives, formative research will be conducted. Components will

include a survey with GBM members, in-depth interviews with GBM field staff and key informant interviews with GBM staff at headquarters and other stakeholders. Results will be used to shape a PHE intervention adapted to the GBM context. Intervention feasibility and effectiveness will be assessed through a pilot introduction. Resource requirements will be assessed to determine intervention costs.

Expected Outcomes

Improved knowledge, attitudes and practice on family planning among GBM networks and their households, and stronger linkages to family planning services. Lessons learned from the formative research and feasibility trial will be used to expand interventions to other areas covered by the Green Belt Movement, and will inform the design and implementation of similar PHE projects.

Presentation B

Driving the Integration of Population Health and Environment Towards Attaining Vision 2030

Florence Fwamba, Coast Development Authority

This paper addresses itself to the sub- theme 3 on *Environment (Climate Change), Water and Sanitation*; and focal area *Population Health and Environment (PHE)*. The paper argues out the reasons why the integration of PHE is key towards attainment of vision 2030 and the need for all development projects proponents/financiers to embrace the concept.

The term environment embodies all the natural resources on which all life on earth depends. Water, the largest naturally occurring resource on earth is threatened by the very beings that depend on it. Ironically, renewable fresh water for drinking and domestic use is so scarce that every effort needs to be put in order to conserve it.

The world's population is currently estimated at 8 billion people and is still increasing (Ref....) This translates to increased demand for freshwater and solid and liquid wastes generated from homes and industries that again require water to clean up. Kenya's water endowment is low and currently stands at 647 cubic meters per capita per year hence its classification as a water scarce country. Only 57% of the household use water from sources considered safe (First Medium Term Plan (2008-2012).

On the other hand, a sick population (e.g. with high HIV infection rates) cannot take care of the environment. It cannot for example plant trees on a large scale and will be preoccupied with caring for the sick and medication rather than caring for tree seedlings nursery for example. The priority of slum dwellers as another example will be water and sanitation, not starting a tree nursery or let alone tree planting. Yet the Sector is still challenged by a dwindling forest cover that has remained at 2%.

Kenya has lost some of its biodiversity resources as a result of population increase including habitat destruction, desertification, species overexploitation and conversion through deforestation, drainage of wetlands for agriculture and settlement amongst others.

Hence development projects cannot afford to separate the issues of population health and the environment because they closely interact with each other. This approach is highly recommended for next decade as the country aims towards attaining Vision 2030.

The Coast Developing Authority through its project the *'Farmer Field School Reproductive Health'* has taken up this challenge and is using organized farmer field schools to implement environment programmes while at the same time training them in sustainable agricultural practices and providing basic reproductive health information. This approach is based on the fact that a farmer is the same individual who will be a champion of population, health and environment issues and can effectively disseminate to same to the rest of the community.

Presentation C

Population Dynamics and Wildlife Conservation and Tourism Development In The ASAL Regions Of Kenya

Francis Mwaura, Department of Geography & Environmental Studies, University of Nairobi

One of the most important natural resources in Kenya is wildlife due to its central role in tourism sector which contributes about 1% of GDP. The ASAL regions are the mainstay of the tourism sector in Kenya because they sustain most of the wildlife resources on which wildlife tourism in Kenya is based. The ASAL regions are rich in terms of wildlife resources with different types according to aerial surveys. Some of the common wildlife species that are characterized by high populations include grant gazelle, wildebeest, gerenuk, giraffe, oryx, ostrich, Thomson gazelle, impala, elephants, hyenas and lesser kudu. According to the KWS tourism revenue statistics for 2009, the leading ASAL region in terms of tourism revenue from the National Parks alone was the Rift Valley region with Ksh 781,139,317 followed by the Coast region with Ksh. 680,157,046. The total revenue generated from National Parks in the Eastern and Central region was Ksh. 159,833,939 while the Northern region generated Ksh 1,408,798 giving an overall total of Ksh. 935,923,755 without considering the revenue generated from hotels and other tourism dimensions such as camping fees and filming charges. However, it is not clear whether the wildlife rich areas in the ASALs such as Narok, Trans Mara, Kajiado, Laikipia and Taita Taveta have actually benefitted from the tourism revenue especially at community level. It is also unclear whether the wildlife in the ASALs will survive in the future due to the sedentary lifestyles which are emerging in the areas as well as the escalating problems of human-wildlife conflicts and poaching.

Recent wildlife count in the ASALs of Kenya have shown that wildlife numbers have sharply declined by up to 38%. A common explanation for the decline probably is negative habitat change over the last three decades. The loss can also be attributed to fact that 70% of wildlife in Kenya reside outside the protected area system, where they are subjected to the impact of a changing land use, including encroachment of the rangelands by agriculture. This has led cut-throat competition between wildlife conservation, pastoralism and agricultural expansion due to the impacts of human population dynamics. It is unclear whether wildlife conservation and tourism will survive this competition. However, promotion of the community conservancy model in the ASALs is a suitable strategy for accelerating developing in the ASALs, promoting the protection of dry land wildlife and ensuring more equitable sharing of the tourism revenue with the ASAL local communities.

SUB THEME 4: POPULATION, URBANIZATION AND HOUSING

Time: 2.00pm – 3.30pm

Position Paper Presentation

Population Dynamics, Urbanization and housing in Kenya

Prof. Oucho, University of Nairobi

Since independence, Kenya has had an impressive record of undertaking decennial population censuses that have generated extremely useful data for development planning. Against that tradition, this paper analyses population dynamics, urbanisation and housing which underline population-development interrelations as much in urban as in rural areas of the country, based on provinces (regions) that have become redundant but still useful to provide regional perspectives. It begins by providing facts on each of the three phenomena insofar as the available census data permit in order to establish trends by levels and patterns, which point to certain demographic and housing changes. Second, the paper reviews previous research and

studies on Kenya's population dynamics, urbanisation and housing to provide a basis for the third section, which identifies pertinent problems and challenges that respective phenomena pose for development in different regions of the country. The paper concludes by articulating the need for more rigorous analysis of census data to utilise in training public planners and policy-makers as well as the private sector and civil society both in their routine and in their cooperative undertakings.

Panel Discussions

SUB THEME 5: GENDER, YOUTH AND VULNERABLE GROUPS

Time: 4.00pm – 5.30pm

Chair: Mr. James Muiru Waweru, PS, Ministry of Youth Affairs

Co Chair: Dr. Regina G. Mwatha (Gender Commission)/Gakuu

Position Paper Presentation

Presentation A

Lessons Learnt in Implementing and Sustaining an Adolescent Reproductive Health and HIV Prevention Program in the Public Sector

Humphrey Evelia, Harriet Birungi, & Monica Wanjiru

Population Council

Background:

The Kenya Adolescent Reproductive Health and HIV prevention program (KARHP) was implemented as an operation research (OR) project between 1999 and 2003 in two districts in Western Kenya by PATH and Population Council in collaboration with Ministries of Education, Health, and Gender, Culture and Social Services. The study aimed at establishing the effectiveness of public sector activities to increase adolescents' reproductive health knowledge, delay the onset of sexual activity, increase adolescents' use of reproductive health services and reduce risky sexual behavior among 10-19year olds in schools, health facilities and community. Evaluation results showed increased SRH knowledge and preventive behaviors. Encouraging results enhanced program ownership and willingness by ministries to replicate the program to other provinces.

Methods:

Three stages were followed in scaling up. First, lessons learned were consolidated. Ministries revised and adapted selected cost effective activities and implementation strategies. Second, selected activities and strategies were scaled up in pilot districts and subsequently province. Capacity building for ministry staff fostered better planning, implementation and supervision of ASRH activities. Inter-ministry coordination committees set up supported collaboration and institutionalization of KARHP. National advocacy efforts promoted utilization of evidence for policy change. Third, experience gained in scaling up the program in pilot province was used to replicate KARHP in seven provinces. A national assessment on the implementation of KARHP over ten years was undertaken to establish status and sustainability of activities and draw critical lessons.

Outcomes

A review of ministry policy documents shows recognition of ASRH as a key development subject and development of appropriate sectoral policies, guidelines, and Plans of Actions by the ministries. ASRH issues are now better prioritized with activities better identified and planned in

ministry specific work plans. Government funding has been made available to support capacity building for staff, program implementation and expansion. A survey in KARHP OR districts show that adolescent sexual behaviors have generally been sustained to the 2004 levels. The results show significant improvements in safer sex practices among both younger and older adolescents. Challenges remain in; mainstreaming operations of a multitude of partners, optimizing on partner/stakeholder support, finding adequate funding levels, involving youth in design and implementation, and, building comprehensible monitoring measures.

Presentation B

In and out of school youth: Are their needs similar?

Ochieng Beatrice, Liku Jennifer, Solomon Marsden, Wainaina Michael, Mike Mutungi and Pascal Wambua

FHI Kenya; Kenyatta University; I Choose Life

Background

Past studies indicate that youth aged 15-24 years are sexually active but have limited knowledge on prevention of unintended pregnancies and sexually transmitted infections including HIV. It is estimated that over 20% of HIV cases occur in this age group.

Kenya's Vision 2030 outlines health as one of the key sectors to development within the social pillar. In order to achieve the outlined health targets, adolescent sexual and reproductive health ought to be given due attention given that youth constitute a third of the population and yet few interventions target them. This abstract highlights two interventions for reaching the youth.

Intervention

In order to quantify gaps and develop evidence-based interventions, FHI collaborated with local institutions to conduct assessments among house-girls and youth in institutions of higher learning between 2004 and 2006. Based on assessment findings indicating that the youth had little or no access to information on STI/HIV and unintended pregnancy prevention, FHI partnered with Kenyatta University and PCEA Church Bahati on a Health and Lifeskills Project (HELP) for house-girls and with I Choose Life, a local Faith-Based Organization to reach youth in institutions of higher learning and equip them with skills on Abstinence, Being faithful and Condom use (ABC). Strategies employed include peer education, training on life skills, thematic events, behavior change communication and radio shows.

Results/outcomes

HELP has expanded to 8 other FBOs in Nairobi while the ICL/ABC project reaches youth in all campuses of University of Nairobi and USIU. Over 30,000 students and 900 house-girls in Nairobi have been directly reached. Over 100,000 youth in and out of school have been indirectly reached. Though most students are sexually active, a fifth report abstaining. Condom use is higher than reported in Kenya Demographic and Health Surveys. Further, many students report an intention to start/continue abstaining.

An assessment of HELP reported an increase in knowledge on STI/ HIV and unintended pregnancy prevention and improved self esteem. Employers of house-girls in the program indicated that they noticed positive changes in the girls: they were able to communicate better and had positive outlook on their work as house-girls; they initiated savings.

Recommendations

More effort should be made to reach out to underserved youth with life skills education to improve their knowledge on reproductive health issues and enable them to make responsible life choices.

Presentation C

SUB THEME 6: REPOSITIONING FAMILY PLANNING

Position Paper Presentation

Repositioning Family Planning

Shiphrah Kuria, Division of Reproductive Health

Background and significance: Family planning is potentially one of the most cost-effective development investments and can contribute to all of the MDGs (Cates, *Contraception*, 2010). Improved access to contraception has the potential to reduce poverty and hunger, avert 32 percent of maternal deaths and nearly 10 percent of childhood deaths, contribute substantially to women's empowerment, and help achieve universal primary education and environmental sustainability (Cleland et al, *The Lancet*, 2006). In Kenya, 25 percent of married women ages 15 to 49 want to space or limit births but are not using any method of contraception, and women still have on average about five children each. In order to meet this large unmet need for family planning, especially among underserved populations, we need to draw on existing evidence, tools, and experience; scale up successful programs; and promote and expand strategic partnerships, within Kenya and the East African region.

Program/interventions: Priority areas for action include the following: improve commodity security, advocate for adequate financial resources, and increase uptake of family planning services. Three central actions to promote increased uptake of services are:

- expand access to and demand for a broader mix of contraceptive methods, particularly at the community level;
- integrate family planning services both within and beyond the health sector; and
- Reach beyond married women to engage men and address the needs of unmarried youth.

Within all three of these areas, more attention is needed for: longer acting methods, where continuation rates are higher and unintended pregnancies are fewer. Also, more creativity is needed to utilize multiple health funding sources, leverage public-private partnerships, and strengthen health systems to enhance access to family planning.

Contributions to population/development: The continued rapid growth of the population in Kenya leads to increased needs for health, education, economic, and other services which require more resources, personnel, and infrastructure in order to meet Vision 2030 goals and all of the MDGs. An investment of US\$71 million in Kenya's family planning program over the current decade would in turn save an estimated US\$271 million in social sector costs (immunization, schools, water, malaria, etc.) (Health Policy Initiative, 2009).

Lessons learnt: Countries that make a major commitment to family planning with champions at multiple levels can successfully increase access to and use of contraception.

Kenya has been one of the leaders in sub-Saharan Africa but we need to re-commit ourselves to addressing unmet need for family planning and to making the financial, commodity and programmatic investments required for sustainable development.

Presentation A

Integrating family planning and HIV services to meet Vision 2030 goals

Erika Martin, Jennifer Liku, Rose Masaba, and Marsden Solomon
FHI

Background and significance:

In Kenya, 60% of HIV positive women have an unmet need for family planning (FP). Mounting evidence demonstrates integration of FP and HIV services is a critical strategy for increasing access to contraception for all Kenyans and for preventing mother to child transmission among HIV positive clients who want to prevent pregnancy.

Program/interventions:

The Division of Reproductive Health (DRH) and the National AIDS and STD Control Program (NASCO) in collaboration with FHI and other partners have made important strides to integrate FP and HIV services in Kenya. Integration efforts began in the country more than five years ago with initial formative research to examine the feasibility and acceptability of integrating family planning into voluntary counseling and testing (VCT) services. Favorable assessment findings led to formation of an integration subcommittee under the joint leadership of DRH and NASCO to spearhead advocacy efforts as well as development of a national strategy, training manual, and client informational materials. Operations research generated evidence to strengthen the initial FP/VCT integration model and the National FP/VCT Integration Package was launched in July 2008.

Building on this initial initiative, integrated family planning and HIV interventions have gained considerable momentum in Kenya over recent years. The Ministries of Health have also explored incorporating FP into HIV care and treatment services as a promising intervention. In Coast and Rift Valley provinces, the MOH through the support of APHIA II has integrated family planning into comprehensive care centers (CCCs) and evaluated the effectiveness of the integrated intervention.

Contributions to population/development:

The continued rapid growth of Kenya's population leads to increased needs for health, education, economic, and other services, requiring greater investments to meet Vision 2030 goals and all of the MDGs. In particular, unmet need for FP and the HIV epidemic continue to present critical health and development challenges for Kenya and other countries in sub-Saharan Africa. Integration of FP into HIV services is an effective strategy to address clients' needs and provides an opportunity to make efficient use of available resources to provide public health services to more Kenyans.

Lessons learnt:

- The establishment of a steering committee under the leadership of the MOH was critical in fronting FP/HIV integration activities.
- Evidence demonstrates that integrating FP with HIV care and treatment increases contraceptive use among female clients who are receiving HIV services at CCCs in Kenya.
- There is no one size fits all integration model; each facility will tailor integrated interventions depending on their situation.

Presentation B

Transitions in fertility preferences in Kenya and their implications for family planning

Ian Askew and Harriet Birungi
Population Council

Fertility preferences can be measured in several ways; for example, the “ideal” number of children; or the total fertility rate (TFR) can be disaggregated into “unwanted” fertility, that is, the number of children that a woman or couple has beyond the preferred number and the “wanted” fertility rate (a birth is considered wanted if the number of living children at the time of conception is less than the ideal number of children).

This paper explains transitions in fertility preferences and their achievement in Kenya and illuminates critical differences among various populations that are sustaining the stalled fertility transition. These differences highlight serious inequities between sectors of the population that are influencing Kenya’s progress towards both the MDGs and Vision 2030.

This paper analyzes data from four DHSs over the period 1993 to 2008-9 to describe trends over time and within various populations in total fertility, fertility preferences, demand for and use of family planning. The analysis shows that the stall in Kenya’s fertility transition since 1993 is due to stalls in both wanted and unwanted fertility. Kenyan women, as a whole, still have the same TFR (4.6-4.7) and wanted fertility rate (3.4-3.5) as they did in 1993. The unwanted fertility rate has declined from 2.0 to 1.2, but this decline occurred during the five years between 1993 and 1998 and has stalled since.

There are important disparities between population groups that mask significant differences in these trends. The poorest, least educated, youngest and rural dwellers have the highest levels of unwanted fertility, they also have the highest fertility preferences; there are also important differences between provinces. Moreover, fertility preferences in these groups have increased since 1993 and the differences between these groups and others are increasing. Despite recent increases in contraceptive use, these groups still have a met need for family planning less than half the national average.

While the stall in reducing unwanted fertility may be reversed through recent increases in contraceptive prevalence, the stabilization of relatively high wanted fertility rates within large proportions of the Kenyan population has serious implications for the health of poor and uneducated women and their children, as well as for growth and inequities in the overall population. This paper discusses the role of family planning as a critical development intervention for addressing fertility preferences generally and within marginalized populations, without which the fertility transition is likely to remain stalled in Kenya.

Presentation C

Expanding Access to FP through Community Mobilization for PAC

Mercy Wahome, Chi-Chi Undie, Lynn Van Lith.
The RESPOND Project, Engenderhealth

The maternal mortality rate in Kenya stands at 488 maternal deaths per 100,000 live births. Approximately 14,700 women of reproductive age die annually due to pregnancy related complications. In this paper, we discuss recent efforts in Kenya that seek to reduce maternal morbidity and mortality due to post-abortion complications by harnessing the policy environment to address post-abortion care and family planning under The RESPOND Project.

With support from USAID, The RESPOND Project in Kenya is being carried out in Naivasha District of Rift Valley Province, which has consistently had the highest number of cases of abortion-related out-patient morbidity in the country since at least 2003. The Project deliberately aligns with the Ministry of Health (MOH) Community Strategy – one of the flagship projects identified by the Vision 2030 plan as well as at the health sector level – using ‘Community Units’ and the structures integrated within the latter as the entry point into Naivasha neighborhoods. The Community Strategy provides a great opportunity for mobilization for community-initiated action around health-related issues such as family planning, post-abortion care, and other reproductive health. In this paper, therefore, we discuss an innovative intervention to reduce maternal morbidity and mortality due to abortion complications, and to increase the uptake of family planning and other reproductive health services through an intricate community mobilization strategy.

As communities must act upon their existing community health profile (e.g., existing behaviors, needs, barriers related to maternal morbidity/mortality and post-abortion care in the community, etc.), the paper draws on data collected between May and June, 2010 as part of a community survey. Nearly 600 women, aged 18-49, across six Community Units in Naivasha District participated in structured interviews. The findings from this study and their implications for targeted community mobilization around post-abortion care in Naivasha will be discussed.

In summary, however, findings indicate that access to important services such as post-abortion care is critical for the poor, and for hard-to-reach communities such as Naivasha. Given the current policy environment in Kenya, with myriad openings for making a difference in health outcomes, there is a need for innovative and effective programs that will contribute results to MDGs 4 and 5. There is also a need for to understand how communities are playing out their role within these new and important policy frameworks.

SUB THEME 7: FINANCING POPULATION AND RH PROGRAMMES

Time: 4.00pm – 5.30pm

Position Paper Presentation

Presentation A

Using data for decision making for more secure access to contraceptive commodities in the public health sector

Peter Nguhiu, Joseph Mwangi, Boniface Njenga, Ndinda Kusu, Josephine Maundu, Mary Wangai

Management Sciences for Health/ Strengthening Pharmaceutical Systems (MSH/SPS) Program

Background Problem

The delivery of adequate family planning and contraceptive services relies on a backbone of consistently available contraceptive commodities. The Kenyan public health sector has continued to avail contraceptive options through the public health facilities, and due to various efforts including advocacy and provider education, the contraceptive prevalence rate has been on the general increase over the past decade - currently standing at 39% (KDHS 2008).

With increased contraceptive needs and a growing population, challenges arise in extending contraceptive commodity coverage while still ensuring commodity security. The geographical

and temporal heterogeneity of contraceptive usage places unique demands on forecasting and quantification. The data required to accurately perform resupply decision making has become more and more complex; frequent data analysis is required in order to respond in a timely manner to changing user needs. Challenges faced previously with collecting this data included the existence of numerous channels for data flow and the lack of consistent data reporting from service delivery points. To this end, the Logistics Management Information System was put in place to capture and offer a single repository for all commodity data inflows. The use of this data for decision making was then demonstrated.

Method

In the months of January to June 2010, data collected from dispensing of contraceptives was collated and transmitted to the central logistics management unit based at the Kenya Essential Medicines Supply Agency (KEMSA). The data, including the monthly stock consumption and the end-month stock on hand at the service delivery points was aggregated and used to demonstrate existing gaps in resupply based on the adjusted aggregate national consumption. The aggregate consumption was adjusted for projected growth in population of users, and indices were developed to account for expected movement from these methods to others. From this data, the national program could determine the number of months that the existing oral contraceptives and implants were expected to last before stock out. Due to the utility of the data, the program was able to make a decision to source for private sector partnership for instance to prevent a looming gap in supply of implants, thus ensuring complete delivery of the family planning services.

Other decisions that have been made possible due to the existence of the logistics data include the redesign of the contraceptive unit kits that are supplied to the service delivery points at different KEPH levels of service delivery. This was done through determining correlation between the movement of contraceptive commodities, the size of population served, and the level of care at which the services were being sought.

Lessons Learnt

Although challenges were faced in obtaining timely and accurate reports consistently from each service delivery points, it was found very possible to derive value from utilizing the existing data to make informed resupply decisions based on previous performance and consumption characteristics. It proved more reliable and easier to make decisions since they were founded on a more solid evidence basis. The division of reproductive health was able to advocate for early mitigation of commodity supply crises, and to effectively mobilize resources, including leveraging on the Private sector partners, to meet the gap in contraceptive coverage.

Recommendations

Opportunities still exist for improving spatial analysis of usage and provision of contraceptive commodities that help to point out geographically unique areas where contraceptive resupply should be strengthened. Leaders in the health sector are encouraged to mobilize resources to facilitate the utilization of such tools for Forecasting and Quantification, and for routine resupply decision making for consistent supply of contraceptive commodities.

Presentation B

Health Financing: The Case of Mapping RH/FP Funding in Kenya

Peter Munene/ Matthias Brucker/Peter Nderitu/ Caroline Kwamboka/ Caroline Teti
German Foundation for World Population [DSW Kenya]

The NHSSPII (2005-2010) outlines five policy objectives: (i) increase equitable access; (ii) improve service quality and responsiveness; (iii) improve efficiency and effectiveness; (iv) foster partnership; and (v) improve financing. Economic Recovery Strategy (ERS) and Vision 2030 note health as important in poverty reduction. The ERS targets for health financing committed to increase public sector per capita expenditure on health and overall GOK health funding between 2003 and 2013.

The government's Budget Outlook Paper (BOPA) and Budget Strategy Paper (BSP) 2003 – 2007/08 committed to increase health spending for provision of drugs and quality staffing. This provided guidelines for Sector and ministerial ceilings implying an overall and per capita growth in public health expenditure in absolute terms and proportionate to GDP.

Budget literacy and analysis, to which DSW contributes, play an important role in strengthening the capacity of stakeholders to understand, assess and improve government budgets processes. It allows for reality checking of government policies, budget commitments and their implementations and provides a basis for advocacy for repositioning RH/FP in Kenya.

In the Mid-term Expenditure Framework, 2009-2010 the government intends to increase allocation to health consistently in two subsequent financial years due to reduced donor funding and in its effort to reduce the cost-share burden on citizens. Reproductive health continues to receive little attention within government budget processes. In 2005, the total health commitments were 58 times that of reproductive health. This figure has since doubled but with little impact.

The implication of these gaps in health financing include little progress towards meeting targets like the 12% ERS expenditure, 15% Abuja target and WHO's US\$34 per capita spending on health. Furthermore, budgeting and expenditure reforms such as budget ceilings have had limited impact on the health sector allocations. The forecast of BOPA 2007 to increase health allocations from Ksh.35B to Ksh.53B between 2006/07 and 2009/10 was not realized. Management of external resources is also marred by unpredictable flows, shifts in focus, mismatch between donor pledges and commitments and large amounts of off-budget resources that are not easy to monitor.

To improve this situation, accurate and comprehensive costing of sector plans should inform lobbying for additional or new funding to the sector through dialogue with MOF and partners in the MPER process. Sector players should monitor and document all budgets for RH/FP outside the health sector.

This presentation will explicate the findings from a national budget analysis study conducted by DSW to showcase levels of health financing in general and reproductive health in particular since 2005 to 2010 and how these allocations translate into services at the districts. It will also present trends of external support to the sector with reference to specific donors.

Presentation C

Strengthening Supply Chain Systems to Increase Access to Contraceptives in Kenya

J. Mwangi, Peter Nguhiu, Boniface Njenga, Ndinda Kusu, Janet Kimeu, Mary Wangai
Management Sciences for Health

Background

Kenya currently has a population of 38,610,097 people of whom about 9 million are women of reproductive age who can benefit from contraceptive use for family planning. The country has a

total fertility rate of 4.6 children per woman and a contraceptive prevalence rate of 44.6% for modern methods among all sexually active women. Most of those currently using modern contraceptives access them from public health facilities.

The health commodity supply chain system ensure that clients rights are met including being able to access the contraceptives they need, when they need them and wherever they need them at the right time, quantity, quality and cost.

For the rights to be assured, systems for contraceptive selection, procurement, distribution storage and use need to function well. In recent years, many challenges have been experienced in almost all these subsets of the supply chain system resulting in reduce contraceptive access and use in Kenya.

Issues/challenges

Challenges that have been experienced in the Kenya contraceptive supply chain management system include unreliable data for forecasting and quantification; Inadequate procurement related to both inadequate quantification and resource allocation; Stock- outs at various levels as a result of forecasting procurement and distribution Inadequacies; Mismatch between demand creation and supply for contraceptives; Inadequate human resource capacity for logistics activities both in numbers and skills; poor distribution and storage infrastructure mainly warehousing, equipment, trucks, roads and storage space.

Interventions and results

MSH/SPS in collaboration with the division of reproductive health, its partners and stakeholders have instituted several approaches to strengthen the contraceptive supply chain with the overall goal of increasing access and improving commodity security.

Towards achievement of the above goal MSH/SPS has supported partner coordination activities, structured forecasting and quantification for contraceptives, contraceptive distribution, personnel training, strengthening documentation and reporting on contraceptive usage.

These activities together with other initiatives from DRH and its partners have resulted in reduction in stock-outs and wastage attributed to expiries. Additionally there is increased government and donor commitment towards family planning; funding for contraceptive procurement, availability of tools for data collection and reporting and contraceptive Prevalence Rate (CPR)

Lessons learned/conclusions

Stakeholder involvement for all supply chain activities leads to ownership and better results
Strong leadership fosters continued commitment by donors/partners to government initiatives
Capacity building of healthcare workers (HCW) equips and empowers them to plan for service provision through better records management, accurate forecasting and improved storage and distribution of contraceptives.

Recommendations

To ensure continued availability and access to contraceptives in Kenya, the government, partners and stakeholders need to work continually to: provide tools for data collection and reporting; Improve human resource capacity in all supply chain aspects including forecasting, procurement, distribution, service delivery and use of data for decision making; Improve the infrastructure and provide equipment to meet distribution requirements; Integrate supply chain management of

health commodities and match demand creation initiatives with increased allocation of resources to ensure adequate supply.

In line with vision 2030 and the strategic plans of the two ministries of health, stakeholder collaboration needs to be continued and also enhanced.

SUB THEME 8: EQUITY AND POVERTY REDUCTION

Time: 4.00pm – 5.30pm

Position Paper Presentation

Equity and Poverty Eradication

Godfrey K. Ndeng'e, Social Policy Advisor, Ministry of Finance

Abstract

The plight of the poor has brought the issue of poverty to the fore in almost all socio economic and political debates in the world today (Kaliyati, 2000). Poverty reduction has never been higher on the agendas for international research and policy more than today. The new poverty discourse within development policy, exemplified in the United Nations Millennium Development Goals (MDGs); Poverty Reduction Strategy (PRS) process, all mean that poverty has a new centrality in development policy and research.

Initial concerns of economies in the less developed countries were growth with equity that shifted to structural adjustment programs (SAPs) in the 1980's and 1990's and low emphasis was on poverty. The early thinking was that fruits of economic growth would trickle down to the poor. The persistence and deepening level of poverty despite the adoption of SAPs has led to more attention being paid to the poor themselves and how poverty can be eradicated.

The Government of Kenya identified poverty as a major problem soon after independence (GOK, 1965) and since then many policies, programmes and projects have been designed and implemented with the aim of poverty alleviation. However, 47 years down the line, poverty continues to afflict a large segment of the Kenyan population. It is estimated that one in every two persons lives below the absolute poverty line. This national average however conceals major spatial and socioeconomic variations in poverty. There are also vast and unacceptable inequalities not only in monetary measures of poverty but also in non monetary measures of welfare.

The paper will attempt to present monetary and non monetary measures and estimates of poverty and inequality by both spatial and socioeconomic dimensions (including gender) and with some focus on human rights issues- (progress on equity requires a focus on human rights). The paper will also present a review of how equitable poverty and inequality policies, programmes and projects have been in the last two decades making reference to vision 2030, the MTP 2008-2012 and the MDGs. The paper will conclude by making relevant and sector specific policy oriented recommendations on how to reduce poverty by ensuring equality of opportunities across diverse socioeconomic and spatial groups.

Panel Discussions

SUB THEME 9: POLITICAL SUPPORT AND GOVERNANCE

Time: 4.00pm – 5.30pm

Position Paper Presentation

In the late 1970s and 1980s, Kenya had a very vibrant and successful population management program. The average number of children a woman would have in her lifetime reduced from 8 to 5 children and the gross per capita income increased from 350 US \$ in 1975 to 1,230 US \$ in 2005. This was because there was political and donor support for the program. The government ensured community field workers were engaged to educate community members on primary health care including family planning.

Due to the shift to the HIV epidemic by the government, donors and communities, support for the programme waned resulting in a rapidly growing population. The average number of children per woman and maternal mortality has been increasing steadily. Currently, 21 women die daily due to preventable complications related to child birth. This is equivalent to two Nissan matatus crashing daily and killing everybody on board!!

In order for the Government to achieve Vision 2030 and the Millennium Development Goals (MDGs), there is need to invest more in health and population programs. Strong political and community support for population and health programs will result in a healthier and economically productive population through accelerating the achievement of Vision 2030 and MDGs.

The management of population will result in greater cost savings in the social and economic pillars of Vision 2030 and is key to the advancement of this county given the limited resources in all sectors.

Panel Discussions

TUESDAY, 16TH NOVEMBER, 2010

SUB THEME 10: AGRICULTURE, LIVESTOCK AND FISHING

Time: 10.30am – 12.00noon

Position Paper Presentation

Population and Food Supply Chain Constraint in Kenya

Abstract

The global population is exploding and climate variation is affecting food production around the world. What's at stake, then, is the fundamental issue of whether we can continue to feed ourselves. In 2009, world population stood at 6.8 billion, up by about 83 million from 2008. The population is likely to reach 8.1 billion in 2025 and nine billion by 2050 with the bulk of growth in the world's poorest nations. The population of Africa is growing by about 24 million per year. It passed 1 billion in 2009 and is expected to double by 2050. Kenya population has been on the rise moving from 10.9 m in 1969 to 21.4 m in 1989 and 38.6 millions in 2009 (GoK 2010). Kenya population growth therefore continues to out-strip food availability to majority of the people.

Over the years, Kenyan Government has strived to achieve national, household and individual food security throughout the country. However ensuring food security and eliminating hunger still remain a challenge for Kenya as more than 40 percent of the population lacks access to adequate food (GOK, 2007). This inaccessibility to food is closely linked to poverty which stands at 46 percent as per the 2008 national survey. The profile of food insecurity of the Kenyan population has changed in the last ten years. Most farmers are net buyers of staple food, living on relatively small farms with other farm and non-farm sources of income (World Bank, 2009).

National supply for staple foods in 2009 was not sufficient to meet the demand. The country produced 2.4 million tons of maize against a national requirement of 3.1 million tons, 219, 301 tons of wheat against national requirement of 900,000 tons and 42, 202 tons of rice against national requirement of 280,000 tons (GoK, 2010). The country is therefore food deficit and barely achieves the daily recommended rate of 2250 kcal/capita. It therefore depends on imports to bridge the gap in these staples. The situation worsens during periods of drought, heavy rains and/or floods when the number of people requiring food aid rises to 4 million.

In Kenya, attempts to increase food production and consumption are undermined by rapid population growth; migration from rural to urban areas; unequal land distribution; shrinking landholdings; deepening rural poverty; and widespread land degradation. Lower birth rates, along with better management of land and water resources, are necessary to avert chronic food shortages.

Panel Discussions

SUB THEME 11: TOURISM, TRADE, BUSINESS AND MANUFACTURING

Time: 10.30am – 12.00noon

Position Paper Presentation

Kenya's Population Dynamics: Implications for Manufacturing Sector

John Omiti

Abstract

This paper examines the manufacturing sector in Kenya, its evolution and development, and relevance for delivery of Vision 2030 goals against a backdrop of a population that is rapidly increasing and becoming more urbanized. The paper notes that the manufacturing sector has played and will continue to play a critical role in the country's development especially with regards to income generation and employment creation. However, the contribution of the sector to GDP has remained constant at 10 percent since the 1960s. The current and projected population dynamics could complicate matters further for this sector if savings will be depressed, household poverty will rise and food crops will displace industrial raw materials.

While the paper appreciates the possible positive contributions of population increase to socio-economic development, it cautions against unplanned growth and recommends deliberate interventions to contain population expansion within tolerable limits. It further recommends planned land use to guarantee sustainable supply of raw materials to agro-based industries, and scaled up manufacturing sector growth for poverty alleviation.

Panel Discussions

SUB THEME 12: SCIENCE, TECHNOLOGY, INNOVATIONS AND ICT

Time: 10.30am – 12.00noon

Position Paper Presentation 1

Science Technology & Innovation & Population Dynamics

Shaikat Abdulrazak, National Council for Science and Technology

Kenya's Vision 2030; the new development blueprint, aims at transforming Kenya into a newly industrializing middle-income country, providing a high quality life to all its citizens based on three "pillars"; the economic, the social and the political. The Government of Kenya launched Vision 2030 initiative as a long term development strategy for the country and recognizes Science Technology and Innovation (ST&I) as the foundation to achieve economic, social and political advancement. The ST&I Policy and Strategy underscores the urgency to intensify mainstreaming and promote the application of ST&I in all the sectors of the economy for national socio-economic growth and development.

Population dynamics including growth rates age structure, fertility and mortality influence every aspect of human, social economic and political development. With the world's population rising rapidly and projected that by the year 2030, there will be 8.2 billion people in the world. Africa is notably to have fastest growing population and is projected to double its population by the year 2050. Kenya's population notwithstanding, at independence was 8.9 million and in the last 4 decades almost fourfold standing at 38.6 million. With an annual growth rate of 1.15%; about 1 million people per year, the population is estimated to reach up to 60 million by 2030.

With information on shrinking agricultural land base, loss of biodiversity, increasing deforestation, shortage of water, food, fuel and traffic congestion, rising crime rates, massive unemployment rates already been witnessed, we need to realize that these are warnings, our resources are limited and the natural systems are being pushed ever closer to their limits. Recognizing that rapid population growth especially in urban cities pose a serious challenge to the Government and planners, this paper highlights ways of embedding science and technology into development plans and in all sectors of the economy for productivity growth and how a knowledge-based society can transform health, housing, water, environment and security threats and change the landscape of our country.

The paper recognizes that presence of political good will; human resource knowledge-base, intelligent use of science and technology among other strategies can fast-track the realization of Vision 2030. It also proposes that the country capitalizes on the youth bulge, (28.6 million) by laying down appropriate strategies to tap into their potential. Science and technology may not be a panacea but it provides tools and blueprints for action and social change that can transform our communities.

Position Paper Presentation 2

Abstract

This paper documents the relationship between infrastructure, in its various manifestations, and population dynamics. Infrastructure is essential to ensuring spatial connectivity, ensuring economic and social productivity, and providing access to local, national and regional markets. Given the importance of infrastructure to wealth creation efforts, it addresses itself to and explores the question its interaction or relationship with population dynamics, within the context of various development scenarios. It concerns itself with what population dynamics mean for the pace and spread of infrastructure development globally and Kenya specifically. It answers the question for Kenya on the implications of its population growth path and what that means for investment in infrastructure development as well as maintenance.

The paper then focuses its attention to the implications of Kenya's population dynamics to the provision of infrastructure in Kenya in a manner that facilitates rapid achievement of Kenya Vision 2030, while retaining fidelity to the demands of the new Constitution of Kenya. Finally, drawing lessons from global experience the paper makes recommendations on the implications of Kenya's population dynamics on the need for infrastructure, both new and rehabilitated. It makes recommendations for appropriate policy, planning, financing mechanisms, functional distribution of mandates, and management designed to provide Kenya with the basic and other infrastructure that will help meet the imperatives of the new Constitution of Kenya and of Kenya Vision 2030.

Key Words: population dynamics, infrastructure, planning, Vision 2030

Panel Discussions

SUB THEME 13: LAND REFORMS

Position Paper Presentation

Land Reforms

Nicholas Wambua Kitua, Deputy Chief Economist

Ag. Head Central Planning, Projects, Monitoring And Evaluation Unit Ministry of Lands

Without land, life on earth cannot be sustained and therefore it is the ultimate resource. It is critical to the economic, social, political and cultural development of a country. Land is one of the factors of production which includes labour and capital and the only one that cannot be created. Land is the single most important natural resource that Kenya is endowed with. It is also considered as the principle source of livelihood and material wealth through playing host to all natural resources. It was one of the major reasons for the struggle for independence which can be emphasized by a quote by the First President of Kenya, Mzee Jomo Kenyatta (1968) who said that, "our greatest asset in Kenya is our land. This is the heritage we received from our forefathers. In land lies our salvation and survival".

Land provides the platform for food, shelter, economic production and a basis for social, cultural and religious practices. Access to land, shelter, natural resources and the associated tenure security have major repercussions to development. Secure access to land and other natural resources is crucial for hunger and poverty alleviation and the protection of environment (Steudler et al, 2010).

There exists a relationship between humankind and land. This relationship is affected by global drivers which include sustainable development, urbanization, globalization, economic reforms and environmental management. This implies that there exists tension of sustainable development which is between the environment and the human activity and is dynamic. As global population continues to increase which is expected to grow from the current 6.8 billion to 9 billion by 2040 (Enemark 2010), the land to people ratio continues to decrease. This is because land is a fixed asset and thus inelastic. Therefore proper management of land is of paramount importance. This can be achieved by securing rights to land which increases the net wealth of the population. Secure tenure encourages long term investments on land and creates incentives for its sustainable management.

Panel Discussions

SUB THEME 14: HUMAN RESOURCE DEVELOPMENT, LABOUR AND EMPLOYMENT

Time: 10.30am – 12.00noon

Position Paper Presentation

Human Resource Development, Labour and Employment And Population Dynamics

Maru, James K: Assistant Director, Directorate of National Human Resource Planning and Development, Ministry of Labour

Abstract

Kenya aims to create a globally competitive and adaptive human resource base to meet the requirements of *Vision 2030*. Kenya, however, faces a number of challenges in aligning the planning and development of its human resources to her developmental needs. The lack of reliable, adequate and timely data on almost all facets of the labour market has constrained policy formulation necessary for promoting effective human resource development and employment. Coupled with this is a high population growth rate that is not matched with the creation of viable economic opportunities. This also poses a great challenge to the country, particularly within the context of the youth bulge. The high unemployment amongst the youth constitutes a formidable risk factor for both the youth and prosperity of the economy, and requires appropriate intervention. While a large cohort of a working population reduces labor market opportunities, it also presents an opportunity, especially if the right macroeconomic and labor market policies are set that can help the economy reap from the demographic dividend. This will need to be accompanied by a vigorous reproductive health policy, ultimately aimed at reducing fertility rates.

Panel Discussions

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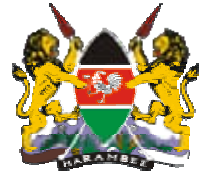
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